

THE FLORIDA HOUSE OF REPRESENTATIVES
Interim Project Report
November 2005
Health Care General Committee



REVIEW OF FLORIDA'S SPECIAL NEEDS SHELTERS

SUMMARY

The function of special needs shelters in Florida is to provide safe refuge to individuals who because of a health or medical condition require the supervision of a health care professional during a disaster. The Department of Health is the primary agency under the Emergency Support Function-8 operations to maintain and staff special needs shelters. The intent of special needs shelters is to provide, to the extent practicable under emergency conditions, an environment in which the current level of a special needs individual's health can be sustained.

Special needs individuals are registered with their county and as such are eligible for special needs shelter housing and care during a disaster. The level of care that is provided in a special needs shelter generally goes beyond the basic first aid level of care that is available in the general population shelters. Moreover, certain services are available to special needs individuals that may not be available in general shelters.

The focus of this interim project is to provide members with a basic understanding of:

- Special needs shelter operations;
- The special needs registration process;
- An assessment as to whether special needs individuals are being served.

This report describes:

- The institutional environment of special needs shelters and how this fits into the larger picture of disaster response;
- The statutory basis for special needs shelters—the individuals they are supposed to serve, the services they are meant to provide, who is to oversee these shelters.
- Florida's unique environmental basis for emergency and disaster planning;
- The various agencies involved in emergency management and the roles each agency is designated to play.

I. The Institutional Environment of Special Needs Shelters

To successfully address the evacuation and sheltering needs of Florida's special needs population during a disaster requires the combined and sustained efforts of federal, state and local entities. At the state level these responsibilities rest primarily with two state agencies—the Department of Community Affairs, Division of Emergency Management, and the Department of Health, Office of Public Health Nursing.

In addition to identifying general shelters where needed, the Department of Community Affairs assesses the need for and the location of special needs shelters. This review is done as part of the department's annual assessment of all shelters based on population, demographics and need. Current law requires the Department of Community Affairs to include the general population need; however the department plans to include the special needs assessment data in the Statewide Emergency Shelter Plan-2006.³ There are approximately 2,459 risk and host general shelters⁴ and 146 special needs shelters in Florida. Depending on the duration and uniqueness of the emergency, some special needs shelters operate exclusively and as such are housed in separate buildings. The Department of Health, in coordination with local county health departments and other partners, maintain and staff all special needs shelters. The Special Needs Shelter Interagency Committee created in section 381.0303(5), F.S., under the direction of the Department of Health, is the working group whose duties are to act as an advisory body in overseeing the planning, operation and improvement of special needs shelters.

The Department of Health

Section 381.0303, F.S., designates the Department of Health, through its county health departments, as the lead agency for the planning, staffing and medical management of special needs shelters during an emergency or natural disaster. If necessary with regard to medical staffing, the local health department may enter into an agreement with a local emergency management agency to assume the lead responsibility to recruit health care practitioners.⁵

The Department of Health has the lead responsibility to coordinate at the local level, medical and health care providers, Emergency Medical Services, American

³ Section 1013.371(2), F.S., directs the Department of Community Affairs to prepare the annual Statewide Emergency Shelter Plan.

⁴ A risk shelter is a facility that is able to withstand current hurricane conditions and is operating in the designated emergency area. A host shelter is a facility that is out of the path of the designed emergency area.

⁵ Section 456.001(4) F.S., defines a health care practitioner as any person licensed under chapter 457 through chapter 467, chapter 468 parts I, II, III, V, X, XII, or XIV, chapter 478, chapter 480, chapter 483-part III or part IV, chapter 484, chapter 486, chapter 490, chapter 491.

Red Cross, home health care agencies, hospice organizations, assisted care living facilities, oxygen and durable medical equipment providers and other related service providers to develop a plan to staff and medically manage special needs shelters.

Local communities are required to include a special needs disaster plan within their county's larger community wide disaster plan, which is submitted to the local Office of Emergency Planning. The plan must comply with the local comprehensive emergency management plan and must include the following components:

- County health departments shall, in conjunction with the local emergency management agencies, have the lead responsibility for coordination of the recruitment of health care practitioners to staff local special needs shelters. County health departments shall assign their employees to work in special needs shelters when needed.
- The appropriate county health department and local emergency management agency shall jointly determine who has responsibility for medical supervision in a special needs shelter.
- Local emergency management agencies shall be responsible for the designation and operation of special needs shelters during times of emergency or disaster. The county health department shall assist the local emergency management agency with regard to the management of medical services in special needs shelters.

Types of Shelters

Regular Public Shelters:

Regular public shelters are buildings that are available under emergency conditions. Public shelters are built to state and national hurricane standards and are generally located in public schools or universities. Regular public shelters are built to withstand hurricane winds of 111 miles per hour sustained and up to 140 miles per hour gusts at a minimum. Individuals who are self-sufficient, and do not require outside professional assistance to perform activities of daily living are accepted at regular public shelters.

General and special needs shelters are established according to the need as determined in the Statewide Emergency Shelter Plan. In addition, pursuant to section 252.385(3), F.S., the Department of Community Affairs, Division of Emergency Management annually provides the Shelter Retrofit Report to the President of the Senate, the Speaker of the House of Representatives, and the

Governor.⁶ The Shelter Retrofit Report provides the Department's list of facilities recommended to be retrofitted using local, state and federal funds. This report also prioritizes facilities with specific projects and cost estimates which, when funded, will improve relative safety and reduce the hurricane shelter space deficit.⁷

Special Needs Shelters:

Special needs shelters are structures that have auxiliary power and are capable of providing safe refuge for people who require assistance to manage a health condition or require supervision by a health care professional.⁸ To the extent possible, the services provided during an emergency should provide, where practical, the level of health care services required prior to the disaster. A special needs shelter may be housed within a general shelter or may be located as a separate facility. According to the Department of Health, 60 out of Florida's 67 counties maintain special needs shelters either separately or within a general needs shelter. Five of the seven counties without an established special needs shelter have agreements with a neighboring county to host their special needs individuals in the event of a disaster.

Under the direction of Governor Jeb Bush, the Department of Community Affairs, Division of Emergency Management, and the Department of Health require that all designated special needs shelters meet, at a minimum, the American Red Cross hurricane shelter safety criteria.⁹ The American Red Cross hurricane shelter criteria are considered to be "best practices" safety criteria, applicable to all hurricane shelters. Suggested floor space allowance of 60 square feet per client should be provided in a special needs shelter, which is an increase of 40 square feet from that allotted per client in a regular shelter. This additional space includes an area for the special needs individual and allowance for caregivers, medical staff, or equipment.

Special needs shelter capacity and availability are derived primarily from the special needs population information provided in the special needs registry. Emergency management departments are required by Florida law to maintain a registry of individuals with special needs. The state, through various outreach efforts assists in this endeavor. Additionally, electric utilities are required to notify individuals of the registration program on an annual basis.¹⁰ Despite the concerted efforts of these and other entities, special needs shelters can often go underutilized. A recent survey conducted by the Legislative Committee on Intergovernmental Relations reported that before the 2004 hurricane season approximately 55,000 individuals were listed on the registry. However, it was

⁶ See section 252.385(3), F.S.

⁷ Department of Community Affairs, 2002 Shelter Retrofit Report.

⁸ Florida Department of Health, Internal Operations Plan, August 2005.

⁹ See Standards for Hurricane Evaluation Shelter Selection, ARC 4496.

¹⁰ See s. 252.355(2), F.S.

estimated that during the 2004 storms 6,000 clients took refuge in special needs shelters. The Special Needs Interagency Committee also identified the need for improved outreach efforts to more effectively record and ultimately locate individuals.

II. State Law Related to Special Needs Shelters

Almost immediately following Hurricane Andrew in 1992, Governor Lawton Chiles convened the Governor's Disaster Planning and Response Review Committee. This committee was specifically charged with making recommendations to improve Florida's preparedness for and capability to recover from future disaster. The committee's report included a wide range of recommendations ranging from revising roadway transportation in an emergency to defining shelters to house populations with special needs.¹¹ Many of these recommendations have been implemented since that time, while some remain undone.

With regard to improving shelter planning and operations, and in accordance with section 1013.371(2), F.S., the Department of Community Affairs prepares and submits on a biennial basis for approval, the Statewide Emergency Shelter Plan.¹²

The primary purpose of the Statewide Emergency Shelter Plan is to guide the local planning of and assist in the construction of educational facilities to provide public shelter space. An important aspect of the plan is that it includes specific regional and interregional planning provisions for shelters. County shelter plans are coordinated with the state comprehensive emergency management plan to ensure an accurate assessment of the shelter population and corresponding facility construction. The Statewide Emergency Shelter Plan includes:

- a) An inventory of all available shelter spaces.
- b) An inventory of supplies present at each shelter, especially emergency power generating equipment.
- c) An estimate of shelter demand in each county in response to various levels of disasters.
- d) Strategies to alleviate shelter space deficits and shortfalls in shelter inventories.
- e) Guidelines to coordinate state and local entities, including the American Red Cross, county sheriff and city police departments, Florida National Guard, Department of Health, Florida Department of Law Enforcement, Department of Elder Affairs, the Agency for Health Care Administration and county school districts to ensure adequate shelter staffing plans.

¹¹ See The Lewis Commission Report.

¹² See State of Florida 2004 Statewide Emergency Shelter Plan, Department of Community Affairs, Division of Emergency Management.

- f) Guidelines for sheltering people with special needs. These guidelines are coordinated with the Special Needs Shelter Interagency Committee.¹³

Special Needs Shelter Interagency Committee

During the 1999 Legislative Session, section 381.0303(5), F.S., created the Special Needs Shelter Interagency Committee (SpNS) within the Department of Health.

The SpNS committee's primary mission is to:

- Provide oversight in planning, operating and improving special needs shelters.
- Serve as an advisory body in assuring consistency across agencies with statutes, rules, policies and procedures related to special needs shelters.
- Resolve multi-agency issues related to special needs shelters that are not addressed in the state Comprehensive Emergency Management Plan.
- Develop and negotiate necessary interagency agreements.
- Submit recommendations regarding special needs shelters to the Legislature as necessary.
- Serve in a consultative role in program development, evaluation and improvement.

As an objective, the SpNS committee continuously assesses the condition of Florida's preparedness, planning, response, education, training and availability of resources for special needs sheltering. As noted in the November 2, 2005 Special Needs Shelter Program Plan: "The purpose of the plan is to ensure a standardized, comprehensive, county and regional approach to special needs sheltering that is fully integrated into Florida's emergency management system. The SpNS Program will be enhanced through a continuous cycle of planning, equipping, training and exercising...designed to ensure prepared communities, a prepared workforce, and informed clients should special needs sheltering be required as part of the state's response to a natural, man-made or technological incident."¹⁴

Since the 2004 hurricane season, the SpNS committee has documented over 25 meetings. These meetings are generally held in Tallahassee with dial-in capability for those who are unable to personally attend. SpNS committee attendees represent a wide spectrum of persons from state, local, provider and volunteer entities. In addition to designated SpNS committee meetings, Department of Health staff conduct on-site visits around the state as often as possible. The SpNS committee has provided information training sessions and

¹³ See Section 381.0303(5), F.S., Special Needs Shelter Interagency Committee.

¹⁴ Special Needs Shelter Program, November 2, 2005

compiled a detailed action plan outlining project status and policy recommendations.¹⁵

Special Needs Individuals

Experience has shown that special needs individuals require a different set of services than those seeking refuge in regular shelters. Individuals receiving residential or inpatient services are provided care during an emergency by the facility where their services are received. Special needs shelter individuals are those who do not require hospitalization, however they may:

- Have minor health or medical conditions that require professional observation, assessment or maintenance.
- Have chronic stable conditions and may require assistance with daily living activities.
- Have contagious health conditions that require precautions or isolation or who cannot be cared for in a general public shelter environment.
- Need to take medications or monitor vital signs and who are unable to complete these tasks without assistance.
- Require oxygen therapy.
- Require daily or more frequent dressing changes.
- Need assistance with management of an ostomy, peritoneal dialysis, or catheter.
- Need aid because of restricted mobility.
- Require administration of medications for terminal illness.
- Need professional assistance in the use of hi-tech medical equipment.
- Depend on electrically energized equipment to sustain life.
- Be in custodial care.
- Be in the 3rd trimester of pregnancy.

Individuals with special needs who reside outside of a hospital or other facility can be at risk during an emergency. Although Florida has made substantial improvements regarding registering special needs individuals, they are more often than not unaware of the purpose and importance of registering prior to a disaster. The relevance of pre-registration is to ensure safe evacuation and shelter in the event of such a need.

Individuals who reside in a licensed health care facility are generally protected. These facilities are required to include their safety and emergency preparedness plans in the Comprehensive Emergency Management Plan that is submitted (annually) to the county emergency management agencies for review and approval.¹⁶ Chapter 58A-5026(2), F.A.C., states that: “The facility shall review

¹⁵ See Office of Public Health Nursing: Special Needs Shelter (SpNS) Action Plan, November 2, 2005.

¹⁶ Emergency management plan requirements may be found in section 395.1055, F.S., and Rule Chapter 59A-3, Florida Administrative Code for Hospitals and Ambulatory Surgical Centers; section 400.23, F.S.,

its emergency management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval.” Providing there are no substantive changes, Assisted Living Facilities (ALFs) are not required to submit their plans annually. Adult Family Care Homes (AFCHs) are required to have a written plan which specifies emergency and evacuation procedures for fires and natural disasters. The provider must review the plan’s emergency and evacuation procedures with the individual, the relief person, all staff, and all household members.¹⁷

Individuals who receive home health care, nurse registries, or hospice programs are generally protected. Programs are required to prepare and maintain a comprehensive emergency management plan. However, section 381.0303(7), F.S., provides that the submission of emergency management plans to county health departments by home health agencies, nurse registries and hospice programs is conditional upon the receipt of an appropriation by the department to establish medical services disaster coordinator positions in county health departments unless the secretary of the department and a local county commission jointly determine to require such plans to be submitted based on a determination that there is a special need to protect public health in the local area during an emergency.¹⁸ Currently, there are only 7 designated regional coordinator positions—2 of which are funded by grants. The department maintains that the local emergency management agency is in the best position to review these plans primarily because of their geographic location. The department maintains that the local review combined with the regulatory authority by the Agency for Health Care Administration for compliance enforcement, would ensure a more seamless comprehensive disaster plan.¹⁹

Home health agencies are required to maintain a current, prioritized list of patients who need continued services during an emergency. The list indicates certain relevant information, for example how the patient’s services should be continued, if the patient should be transported to a special needs shelter, if the patient is receiving skilled nursing services, and the patient’s medication and equipment needs. The patient list is given to county health departments and local emergency management agencies, upon request. Home health agencies are not required to continue to provide care to patients in emergency situations that are beyond their control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records.²⁰

11 (continued) and Rule Chapter 59A-4, F.A.C., for Nursing Homes; s. 400.441, F.S., and Rule Chapter 58A-5, F.A.C., for Assisted Living Facilities; s. 393.067, F.S., and Rule Chapter 65B-6, F.A.C., for residential care facilities for the developmentally disabled.

¹⁷ See Rule Chapter 58A-14.0091(2), F.A.C.

¹⁸ See section 400.497(8) (c) and (d), F.S., section 400.506(16) (e), F.S., and section 400.610(1) (b), F.S.

¹⁹ See facility review chart in Appendix

²⁰ See section 400.492, (2) (3), F.S., and Rule Chapter 59A-8.027, F.A.C.

Potential special needs individuals who reside in their own home and are cared for by a family member, guardian or other person should at the very least have a personal evacuation plan that includes registering for special needs shelter services.

Special Needs Registry

Section 252.355, F.S., directs the local emergency management agency to maintain a registry of individuals with special needs and to use this registry to plan for resource allocation to meet those identified needs. The special needs registry is compiled of names of individuals who need assistance during evacuations and sheltering because of physical, mental, or sensory disabilities.

To assist the local emergency management agency in identifying such individuals, the Department of Children and Family Services, Department of Health, Department of Elder Affairs, and Agency for Workforce Innovation provide registration information to special needs individuals and to incoming individuals as part of the intake process. Providers and facilities licensed by the Agency for Health Care Administration can also provide registration information to special needs individuals. Hospice, nurse registries and durable medical equipment providers are not currently required to assist in identifying special needs individuals.

The registry is required to be updated annually and many counties continually update their registries during the year. The registration program gives individuals with special needs the option of preauthorizing emergency response personnel to enter their homes during search and rescue operations to assure their safety and welfare following a disaster.

In addition, on or before May 1 of each year, each electric utility in the state notifies residential customers of the registration program.²¹ All appropriate agencies and community-based service providers, including home health care providers, nurse registries, hospices, etc., are required to assist emergency management agencies by collecting registration for individuals with special needs as part of their program intake processes. This serves to increase awareness of the registration process and educate individuals about the procedures that may be necessary for safety during disasters. Individuals with physical, mental, or sensory disabilities who participate in state or federally funded service programs must register as individuals with special needs.

As previously noted, the registry is required to be updated annually—many counties continually update their registries during the year. However, a review of several county registries and interviews with county and state personnel revealed that the maintenance of county registries is inconsistent across the state and varies with the capacity and capability of the local entity.

²¹ See special needs registry form in Appendix.

Although communication efforts have substantially improved regarding special needs registration, the Department of Health states that of the total special needs population in a county, approximately 30 percent of special needs individuals actually register. It is undetermined whether the lack of registry information is directly related to a specific reason, or a combination of reasons, such as inconvenience, unawareness, confusion, etc. In any case, it is clear that the absence of accurate statistics greatly affects special needs shelter preparedness. The Special Needs Interagency Council has identified the need to improve communication among the special needs population regarding the registry program.

III. Florida's Unique Environment & Emergency Planning

Florida's geographic location and unique environment make this state vulnerable to a variety of natural disasters. The frequency and increased severity of hurricanes over the last five years have tested Florida's disaster preparedness and recovery activities. It is expected that increased hurricane activity will continue over the next several years. Given this expectation, Florida must continue to improve its current disaster preparedness and recovery process.

In 2004, the challenges of four hurricanes that struck Florida within weeks of each other tested the state's recovery efforts in many areas. In 2005, three of the last six storms to impact Florida were listed as Category 3 or greater. As a result, individuals were forced to evacuate their homes in record numbers, and state and local emergency preparedness operations were used to their fullest extent.

According to American Red Cross and Department of Health representatives, 1,813 general shelters and 88 special needs shelters were opened and operated during the 2004 hurricane season and served 425,408 general and 6,800 special needs individuals. During the 2005 hurricane season, 172 general shelters and 47 special needs shelters were opened and operated. General shelters served 52,208 individuals. 2005 data regarding special needs individuals served in these shelters is being compiled. During 2004 and 2005, hundreds of state employees were deployed and provided emergency assistance, logging thousands of hours. While the 2005 employee deployment data is still being compiled, all indications are that the Departments of Health, Community Affairs, Elder Affairs and others provided many hours of service beyond their usual responsibilities. Coordinated local and neighboring county partnerships also accounted for relief activities.

Efforts to establish and maintain special needs shelters require massive communication and coordination among all entities including:

- Department of Community Affairs
- Division of Emergency Management
- Department of Health
- Agency for Health Care Administration

- Department of Elder Affairs
- Department of Children and Families
- Department of Transportation
- American Red Cross
- Federal Emergency Management Agency
- Florida National Guard
- County Emergency Management agencies
- Emergency Medical Services
- County Health Departments
- Florida Health Care Association
- Florida Hospital Association
- Florida Association of Homes for the Aging
- Nursing homes
- Hospitals
- Home health agencies and,
- Private and volunteer organizations.

Through the Emergency Management Assistance Compact (EMAC) system, Florida's experience in disaster response and recovery has also been exhibited out of state, most notably in the strong and prompt response to the aftermath of Hurricane Katrina in Louisiana and Mississippi. Under the direction of Governor Bush and the Division of Emergency Management, Florida's contributions accounted for 26% of all personnel deployed, and 40% of the total costs expended in goods and services to Mississippi. These efforts represent Florida's largest state-to-state assistance in history.²²

Still, improving Florida's disaster response remains critical--specifically as it relates to the quality and use of special needs shelters. Continual emphasis to define the roles of all parties involved and to understand the responsibilities of each is paramount to Florida's disaster response and recovery effort.

The State Comprehensive Emergency Management Plan

The State Comprehensive Emergency Management Plan is submitted to the President of the Senate, the Speaker of the House of Representatives, and the Governor on February 1 of every even numbered year.²³ The state plan contains provisions to ensure that the state is prepared for emergencies and minor, major,

²² See Appendix for more details on Florida's aid to Mississippi following Hurricane Katrina.

²³ State of Florida 2004 State Comprehensive Emergency Management Plan, Department of Community Affairs, Division of Emergency Management.

and catastrophic disasters. The division is directed to work closely with local governments and agencies and organizations with emergency management responsibility to prepare and maintain the plan.

The state comprehensive emergency management plan is an operations-oriented plan and contains the following components:

- An evacuation component that includes specific regional and interregional planning provisions and promotes intergovernmental coordination of evacuation activities. Minimum guidelines include:
 - Lifting state highway tolls during an evacuation.
 - Evacuee coordination when crossing county lines.
 - Safe shelter guidance and direction on evacuation routes.
 - Reasonably priced fueling locations along evacuation routes.
 - Strategies for emergency medical evacuations.
- A shelter component that includes specific regional and interregional planning provisions and promotes coordination of shelter activity coordination among the public, private and nonprofit sectors. This component, includes strategies to:
 - Ensure available and adequate public shelter space in each region.
 - Assist local emergency management efforts to ensure adequate shelter staffing plans.
 - Provide adequate public shelter space including medical and security personnel.
 - Ensure communication systems for public shelters.
 - Establish model shelter operational guidelines, registration, inventory, power generation capability, information management and staff, and guidelines for sheltering people with special needs.
- A post disaster response and recovery component that includes specific regional and interregional plan provisions and promotes intergovernmental coordination of post disaster response and recovery activities according to whether a disaster is minor, major, or catastrophic. The post disaster response and recovery component must:
 - Establish the structure of the state's post disaster response and recovery organization.
 - Establish procedures to activate the state's plan.
 - Set policies to guide post disaster response and recovery activities.
 - Describe the chain of command during the post disaster response and recovery period.
 - Identify the roles and responsibilities of each agency and organization involved.

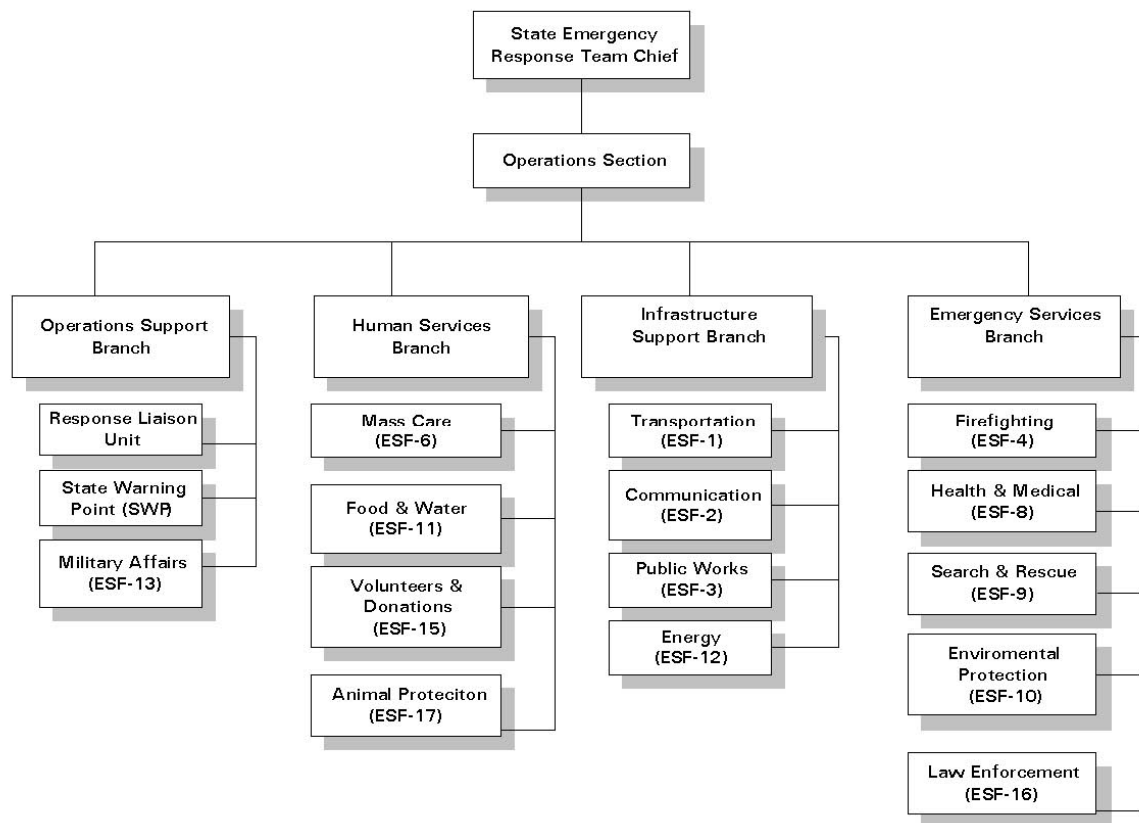
- Provide for a comprehensive communications plan.
 - Establish procedures for monitoring mutual aid agreements.
 - Provide for rapid impact assessment teams.
 - Ensure the availability of an effective statewide urban search and rescue program coordinated with the fire services.
 - Ensure the existence of a comprehensive statewide medical care and relief plan administered by the Department of Health.
 - Establish systems for coordinating volunteers and accepting and distributing donated funds and goods.
- Address additional aspects of preparedness, response, recovery, and mitigation as determined necessary by the division.
 - Address coordination and deployment of state resources, including the Florida National Guard.
 - Establish a system of communications and warning to ensure that the state's population and emergency management agencies are warned of developing emergency situations and can communicate emergency response decisions.
 - Establish guidelines and schedules for annual emergency response exercises.
 - Assign lead and support responsibilities to state agencies and personnel for emergency support functions and other support activities.

IV. Florida's Emergency Management Agency Roles & Operations

State Emergency Operations Center

The Department of Community Affairs, Division of Emergency Management monitors weather activity year-round and especially during the identified hurricane season which runs from June 1 through November 30. Florida tracks hurricane activity using the State Emergency Response Team (SERT) system, which produces various models used to assess the potential threat of landfall. As soon as it becomes apparent that a hurricane or other natural disaster will threaten Florida, state and local coordinating efforts are activated. A major component of this effort is initializing the State Emergency Operations Center (EOC) and the Emergency Support Functions (ESF) within the EOC. The following chart outlines the support functions. The Department of Health is the primary agency within the ESF-8 category responsible for the maintenance and

staffing of special needs shelters. A detailed explanation of all ESF categories is included in the Appendix.²⁴



ESF-8 Functions and State Agency Responsibilities

The successful operation of special needs shelters is contingent upon strong partnerships among federal, state and local organizations. Section 381.0303, F.S., designates the Department of Health as the lead agency regarding planning, staffing and medical management of special needs shelters during an emergency or disaster. However, it is clear that the success of any special needs shelter is contingent upon working in partnership with federal, state and local communities.

There are more than a dozen agencies that are responsible for ESF operations. The Department of Health has lead responsibility for ESF-8 operations including:

- Mass casualty systems
- Epidemiology/disease control
- Immunizations
- Facility assessments

²⁴ See Appendix for a detailed explanation of all Emergency Support Function categories.

- Evacuation/relocation
- Risk communications
- Renal facility support
- Nutritional services
- Statistical reporting
- Behavioral health
- Rapid impact:
 - Assessment
 - Search and Rescue
- DEET²⁵

Other critical elements of the DOH's emergency preparedness operations include maintaining and staffing special needs shelters, tracking and relocating individuals, and maintaining communications between various health care entities.

County and Municipal Organizations

Section 252.38(1), F.S., requires that each county establish an emergency management agency. The director of each county emergency agency is responsible for the organization, administration, and operation of the county emergency management agency. The director coordinates emergency management activities, services and programs within the county and serves as liaison to the division and other local emergency management agencies and organizations. The director is responsible for the development and maintenance of the county emergency management plan and program that is coordinated and consistent with the state comprehensive emergency management plan and program.

Section 252.38(2), F.S., authorizes and encourages municipalities to create municipal emergency management programs, and to coordinate such programs with those of the county emergency management agency. These local programs should be consistent with and subject to the laws and requirements of their respective county plans.

Division of Emergency Management

Chapter 252, F.S., creates the Division of Emergency Management (DEM) within the Department of Community Affairs (DCA). DCA serves as the state's emergency management agency. Chapter 252, F.S., provides for the planning and implementation of the state's response to natural, technological and man-made hazards, the planning and implementation of efforts to recover from natural, technological and manmade disasters, and the mitigation of disasters. In

²⁵ DEET (chemical name, N-diethyl-meta-toluamide) is the active ingredient in many insect repellent products.

addition, Chapter 252, F.S., authorizes DEM to provide for the common defense of property and to protect the public health, safety and welfare.

The Division of Emergency Management is responsible for maintaining a comprehensive statewide program of emergency management. The division is also responsible for coordinating the emergency management effort with the Federal Government, other state departments and agencies, county and municipal governments and school boards, and private agencies that have a role in emergency management.

As part of the overall emergency management effort, the division is required to prepare a state comprehensive emergency management plan, which is coordinated and ultimately integrated into the emergency management plans and programs of the Federal Government.

IV. Options for Consideration

During the 2005 Legislative Session, the House Health Care General Committee discussed at length and ultimately passed House Bill 1551 by Rep. Gayle Harrell regarding emergency hurricane preparedness. The bill focused primarily on improving services provided to special needs individuals throughout the state and emphasized assigning specific responsibilities among the various service entities. The bill passed the full House and died in committee in the Senate.

While there is wide consensus that Florida's emergency preparedness and response activities are a landmark for other states to follow, each hurricane season brings forth new lessons to be learned from the last. Florida's emergency preparedness and response capability has proven to be operationally sound and functionally effective. Even so, the increased hurricane activity over the last five years, and most recently the 2005 hurricane season, heightens the need to continue to improve Florida's ability to care for its most vulnerable population—special needs individuals. Florida has improved its special needs shelter capacity by 40 percent over the last two years and there is still need for additional facilities.

Some options to consider are:

- The Special Needs Interagency Council codified in statute is a vital link to improved communication among all entities involved in disaster preparedness and response; however it is staffed with existing Department of Health public health nursing employees. These same employees are required to respond to an emergency as it occurs and are required to administer support services to the council. Alternative or increased staffing could be established.

- Licensed facilities and programs submit their emergency management plans to the Department of Health, County Health Departments, the Agency for Health Care Administration, or County Emergency Management Agencies.²⁶ It is unclear as to whether the plans are reviewed and coordinated to ensure that provider contracts, i.e. transportation services, potable water distributors, etc., are adequate to support services to individuals and facilities. The Office of Program Policy Analysis and Government Accountability (OPAGAA) could conduct a study of the review, approval and use of these plans and review outcomes.
- Adequate preplanning and triage of individuals is important. County emergency management directors could coordinate special needs registry information with the county health department director to ensure proper evacuation and shelter placement.
- The special needs registry is an important element to planning for sufficient shelter capacity and capability. All state, local and volunteer entities could make a concerted effort to develop and implement a special needs citizen awareness campaign. Entities could be required to follow up and update special needs registration. The state could contract for a study to pursue the purpose, feasibility and development of an electronic database of special needs registry information.
- Special needs registry forms and related information could be prominently displayed in physicians' offices, county health departments, community centers, etc. Office and facility administrators could continually encourage special needs individuals to fill out and submit their registration information to the County Health Department. Hospitals upon discharge of patients could include special needs registry information among other discharge patient information.
- The Department of Health could actively pursue federal grant monies from the Centers for Disease Control and Prevention (CDC) or other federal or private sources for the specific purpose of strategic planning and staffing related to hurricane preparedness and response. Appropriate staff could be allocated to maintain and track federal grant programs.
- Electric utilities could be required to increase communication with their customers by including more than an annual notification in each utility bill explaining the registry process. In addition, the Special Needs Interagency Committee could make an increased effort to coordinate

²⁶ See Appendix Health Facility Compliance References for Emergency Management Plans, December 15, 2005, Agency for Health Care Administration

communication with the Florida American Red Cross, Florida State Office of the American Association of Retired Persons (AARP) and other health organizations to increase special needs registry awareness.

V. Appendix

Summary of Florida resources deployed to aid Hurricane Katrina impacted communities: As of 12 p.m., October 12, 2005.

The State of Florida deployed personnel, equipment and commodities to Mississippi to aid response and recovery from the devastating impact of Hurricane Katrina. In the hours and days after the catastrophic storm, Governor Jeb Bush pledged the support of Florida to Mississippi Governor Haley Barbour. Resources from Florida were mobilized through the Emergency Management Assistance Compact, a national organization that provides a structure to interstate mutual aid and allows impacted states to request and receive assistance from other member states quickly and efficiently.

These efforts represent Florida's largest state-to-state assistance in history. Florida's contributions account for 26% of all personnel deployed and 40% of the total costs expended in goods and services to Mississippi under the EMAC system.

Additional Efforts: The Hazard Mitigation Grant Program and House Bill 1551 (2005)

Increased hurricane activity in Florida has highlighted the need to provide improved emergency services and conditions in shelters for its special needs population. Toward that end, the Department of Community Affairs, Division of Emergency Management recently announced the availability of Hazard Mitigation Grant Program²⁷ funds as a result of the recent Presidential Disaster Declarations²⁸. Local governments, state agencies, federally recognized Indian Tribal governments, and private non-profit organizations and institutions are eligible to participate in this grant program. The program's aim is to retrofit existing or proposed facilities that are currently or proposed designated Special Needs Shelters. The primary focus of the retrofit is the inclusion of sufficient emergency power generating capacity to provide full power to a facility's air conditioning system and support the increased power needs posed by the influx of durable medical equipment.

²⁷ See Florida Department of Community Affairs, Division of Emergency Management website <http://www.floridadisaster.org/brm/hmgp.htm>

²⁸ See FEMA-1539, 1545, 1551, 1561 DR-FL

(See footnote item 24)

Emergency Support Function Detail

As a framework to respond to natural and man-made disasters and deliver necessary services to affected areas quickly and efficiently, the State of Florida operates the State Emergency Operations Center (SEOC) located in Tallahassee. Under the direction of the State Emergency Response Team Chief, seventeen emergency support functions (ESFs) operate from this central control headquarters to coordinate state and local emergency preparedness response and recovery. Each ESF represents a specific area of responsibility outlined as follows:

- **ESF-1: Transportation**

Primary Agency: Department of Transportation

Function: Coordinate the use of transportation resources to support local governments, voluntary organizations and other emergency support groups requiring transportation to perform their emergency response, recovery and assistance.

- **ESF-2: Communications**

Primary Agency: Department of Management Services

Function: Assure provisions for communication to support state, county and local response efforts before, during, and after an emergency declaration.

- **ESF-3: Public Works and Engineering**

Primary Agency: Department of Transportation

Function: Provide public works and engineering support to assist local governments regarding lifesaving or life protecting efforts as a result of a disaster.

- **ESF-4: Fire Fighting**

Primary Agency: Department of Financial Services, Division of State Fire Marshal

Function: Provide state support to local governments and prescribe the use of state resources to detect and suppress urban, rural and wild land fires resulting from a condition or event.

- **ESF-5: Information and Planning**

Primary Agency: Department of Community Affairs

Function: Address procedures and activities assigned to the “Information and Planning Function” in support of the State Emergency Response Team (SERT).

- **ESF-6: Mass Care**
Primary Agency: Department of Business and Professional Regulation
Function: Coordinate activities regarding emergency provision of temporary shelters, emergency mass feeding, bulk distribution of coordinated relief supplies for victims of disasters and disaster welfare information.

- **ESF-7: Resource Support**
Primary Agency: Department of Management Services
Function: Provide logistical and resource support to state and local entities involved in delivering emergency response and recovery efforts.

- **ESF-8: Health and Medical Services**
Primary Agency: Department of Health
Function: Coordinate the State of Florida health and medical resources needed to supplement county and regional resources in response to public health and medical care needs following a significant natural disaster or man-made event.

- **ESF-9: Search and Rescue**
Primary Agency: Department of Financial Services, Division of State Fire Marshal
Function: Provide state support to local governments and to prescribe state resources in urban and non-urban Search and Rescue (SAR).

- **ESF-10: Hazardous Material**
Primary Agency: Department of Environmental Protection
Function: Provide state support to local governments in response to actual or potential discharge or release of hazardous materials.

- **ESF-11: Food and Water**
Primary Agency: Department of Agriculture and Consumer Services
Function: Identify food, water and ice needs in the aftermath of a disaster or emergency, obtain these needs and transport such needs to the disaster area.

- **ESF-12: Energy**
Primary Agencies: Public Service Commission and Department of Environmental Protection
Function: Promulgate policies and procedures used by the Florida Public Service Commission, governing agencies and organizations, and utilities in responding to fuel and power shortages.

- **ESF-13: Military Support**
Primary Agency: Department of Military Affairs (Florida National Guard)

Function: Provide military support to Florida during major or catastrophic disasters or civil unrest.

- **ESF-14: Public Information**

Primary Agency: Department of Community Affairs

Function: Establish a mechanism that efficiently provides and disseminates information to the general public.

- **ESF-15: Volunteers and Donations**

Primary Agency: Florida Commission on Community Service

Function: Expedite the delivery of voluntary goods and services to support the relief effort in a disaster area.

- **ESF-16: Law Enforcement**

Primary Agency: Florida Department of Law Enforcement

Function: Establish procedures for command, control and coordination of all state law enforcement personnel and equipment to support local law enforcement agencies.

- **ESF-17: Animal Protection**

Primary Agency: Department of Agriculture and Consumer Services

Function: Provide rescue, protective care, feeding and identification of animals separated from their owner.

(See footnote item 21)

(Sample) COUNTY SHELTER /SPECIAL NEEDS REGISTRATION

LAST: _____ FIRST: _____

DOB: ____ / ____ / ____ SEX: _____

STREET#: _____ STREET NAME: _____

APT/LOT _____

CITY: _____ ZIP: _____ PHONE: _____

☐ I REQUIRE TRANSPORTATION

LIVING SITUATION: ☐ALONE ☐RELATIVE

☐OTHER

☐ SINGLE FAMILY RESIDENCE ☐ MOBILE HOME ☐ APT/CONDO, COMPLEX NAME: _____

☐ CARE TAKER _____ ☐ HOSPICE, TEAM ID _____

_____ ☐ HOME HEALTH _____

☐ DO YOU HAVE A PET? ☐ Arrangements for pet completed _____

SPECIAL NEED (CHECK ALL THAT APPLY)

<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Walker/cane	<input type="checkbox"/> Feeding tube
<input type="checkbox"/> Diabetes/insulin depend	<input type="checkbox"/> Memory impaired	<input type="checkbox"/> Wheelchair bound	<input type="checkbox"/> Ventilator
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Mental health	<input type="checkbox"/> Bedridden	<input type="checkbox"/> Electric
<input type="checkbox"/> Heart disease	<input type="checkbox"/> impaired	<input type="checkbox"/> Incontinence	dependent,
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Sight impaired	<input type="checkbox"/> Oxygen	Why?
<input type="checkbox"/> Stroke	<input type="checkbox"/> Service dog	(lpm _____)	_____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Geri chair	<input type="checkbox"/> Other
	<input type="checkbox"/> Hearing impaired		_____
	<input type="checkbox"/> Breathing treatment		<input type="checkbox"/> None

Emergency Contacts

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

P rearranged: ☐ Hospital ☐ Nursing Home ☐ ALF

Name: _____ Phone: _____

Doctor's name: _____ Phone: _____

By signing this form I give my authorization for the medical information contained herein to be released to the county health department, emergency management, local fire districts and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. Records relating to registration of disabled citizens are exempt for the provisions of F.S. 119.07(1), Public Records Law. The information contained here will be kept confidential.

Signature

Date

Official use only

Transport to: ☐ General Shelter ☐ Special Needs Shelter ☐ Other _____ ☐ Register for Special Needs Shelter Only

Type of Transport: ☐ Own vehicle ☐ Van/Bus ☐ Wheelchair only ☐ Stretcher ☐ Ambulance

Fire Dist: _____ Grid: _____ Evac Level: _____ Shelter Code: _____ Shelter Name: _____

Comments: _____

Post-Holiday Safety

The post-holiday period is a time to relax, kick back and let your hair down - but not your guard, especially if you have children.



The Electrical Safety Foundation International (ESFI) suggests these ideas to help start your new year safely:

- Use the gripping area of the plug when unplugging lights and appliances. Yanking or tugging on the cord could damage the wires and insulation, possibly leading to an electrical shock or fire.
- Separate outdoor from indoor decorations. Label them accordingly.
- Discard broken or faulty lights.
- Store decorations away from children, pets and water.
- Make sure all electrical lights, toys and appliances bear the seal of a nationally recognized certification agency, such as CSA, Intertek Testing Services or Underwriters Laboratories.
- Don't allow your children to use electrical toys near water and make sure they know that water and electricity never mix. Electrical toys can become a shock hazard if they are misused.
- Send warranty and product registration forms to manufacturers. That way, they can notify you promptly in case of a recall.
- Post-holiday sales are a great time to purchase fire extinguishers and smoke detectors.

Source: ESFI

"Emergency Evacuation Assistance"

Disabled Citizens Should Prepare For Disaster Preparedness

If you will require transportation or specialized evacuation assistance in the event of a natural or accidental disaster, you should pre-register at one of the following locations:

Gadsden County Division of Emergency Management

Maj. David Ganious, Director
P.O. Box 1709
Quincy, FL 32353-1709
Phone: 875-6647
After Hours: 827-2233

Leon County Division of Emergency Management

Richard Smith, Director
535 Appleyard Drive
Tallahassee, FL 32304
Phone: 488-5921
After Hours: 920-3300

Wakulla County Division of Emergency Management

Don Blanchard, Director
Courthouse
P.O. Box 608
Crawfordville, FL 32327
Phone: 926-0800

Liberty County Division of Emergency Management

Rhonda Lewis, Director
P.O. Box 399
Bristol, FL 32321
Phone: 643-2339
643-5866
After Hours: 643-2235

Health Facility Compliance References for Emergency Management Plans

1/13/2006

Bureau and Program Title	Florida Statute	F.A.C. (State)	CFR (Federal)	Unit	Licensed Certified	Emergency Requirements	Is a Plan Required? If Yes, How Often?
Bureau of Long Term Care Services							
Adult Day Care ADC	400.55-400.564, PART V	58A-6	Not Applicable	Assisted Living	Registered Licensed	Statutes & Rules Section 400.562(1)(b), F.S. and Chapter 60A, 60A.11(10), F.A.C.	Yes-- Annually
Adult Family Care Homes AFCH	400.615-400.629, PART VII	58A-14	Not Applicable	Assisted Living	Licensed	Chapter 60A, 14.009(12), F.A.C.	Yes--but no provision for frequency
Assisted Living Facilities ALF	400.401-400.454, PART III	58A-5	Not Applicable	Assisted Living	Licensed	Section 400.441, F.S. & Yes-- Chapter 60A-1(2), F.A.C. whenever there is a change	
Homes for Special Services HSS	400.801, PART VIII			Long Term Care	Licensed	N/A	N/A
Intermediate Care fac. for the Developmentally Disabled ICF/DD	400.580-400.589, PART XI	65B-38	42 CFR 483, Subpart I	Long Term Care	Lic/Chart	400.587(2)(a), F.S. and proposed 58A-28.023, F.A.C.	Yes
* Nursing Homes NH & SNH	400.011-400.334, PART II, 400.19(3)	58A-4	42 CFR 483 & 488	Long Term Care	Lic/Chart	400.23(2)(b), F.S. and 58A-4.128, F.A.C.	Yes-- annually
Prescribed Pediatric Extended Care Centers PPEC	400.501-400.517, PART IX	58A-13	Not Applicable	Long Term Care	Licensed	58A-15.022, F.A.C.	No
Transitional Living Facilities TLF	400.605, PART VIII	58A-17	Not Applicable	Long Term Care	Licensed	N/A	No
Bureau of Health Facility Regulation							
Health Care Services Pools	400.580, Part XII	58A-27		Home Care	Registered	N/A	No
Home Health Agencies	400.461-400.516, PART IV	58A-5.003(3)	42 CFR 484, Subpart A-C	Home Care	Lic/Chart	400.467(8) & 400.467, F.S.; 58A-5.027 F.A.C.	Yes-- annually
Home Medical Equipment HME	400.62, 400.567, PART X, 400.833	58A-25		Home Care	Licensed	None	No
Intermediate, Correctional Sites HCS	400.609, PART IV	58A-8		Home Care	Registered	400.619(1), F.S.; 58A- 2.004(1)(v) & F.A.C.	Yes-- annually
Hospice			42 CFR 418, Subpart A-H	Home Care	Certified		

Provided by the Agency for Health Care Administration
December 2005

Health Facility Emergency Operations (2)-1

Health Facility Compliance References for Emergency Management Plans

1/13/2006

Nurse Registries NR	400.506, Part IV	59A-18			Home Care	Licensed	400.506(16), F.S.	Yes-annually
Abortion Clinic AC	Chapter 390	59A-9			Hospital	Licensed	390.073(3)(2), F.S.	N/A
Ambulatory Surgical Centers ASC	Chapter 395.001-395.3036, PART I	59A-5.004	42 CFR 416		Hospital	LIC/Cert	395.053(1)(c), F.S.	Yes
Birthing Centers BC	383.30-383.335	59A-11.004(3)			Hospital	Licensed	383.309(1)(b), F.S.	Annually
Comprehensive Outpatient Rehabilitation Facilities CORF			42 CFR 485, Subpart B		Hospital	Certified	59A-11.027, F.A.C.	Yes
Crisis Stabilization Units CSU	Chapter 394.875-394.907	65E-5 & 65E-12			Hospital	Licensed	394.873(1)(4)(d), F.S.	Frequency
Hospitals	Chapter 395.001-395.3036	59A-3.253	42 CFR 482, Subpart A-E		Hospital	LIC/Cert	394.873(1)(4)(d), F.S.	Frequency
Portable X-Ray Units			42 CFR 485, Subpart C		Hospital	Certified	59A-3.078, F.A.C.	Not Stated
Rehabilitation Agencies OP/ISP			42 CFR 483, Subpart H		Hospital	Certified	42 CFR 481.6	Yes
Residential treatment Facilities RTF	394.875-394.907 394.90(5)	65E-4.016			Hospital	Licensed	394.873(1)(4)(d), F.S.	Frequency
Rural Health Clinics RHC			42 CFR 491, Subpart A		Hospital	Certified	42 CFR 491.6	Yes
Short Term Residential Treatment Facilities SRT	394.875 394.907	65E-5 & 65E-12			Hospital	Licensed	394.873(1)(4)(d), F.S.	Frequency
Clinical Laboratories CL	483.011-483.26 PART I	59A-7	42 CFR 482		Laboratory	LIC/Cert	None	N/A
Physicians Office Laboratories	483.011-483.26 PART I	59A-7	42 CFR 483		Laboratory	LIC/Cert	None	N/A
Drug Free Workplace (Forensic Toxicology)	112.0455	59A-24.006(7)			Laboratory	Licensed	None	N/A
End Stage Renal Disease facilities ESRD	None	None	42 CFR 405 Subpart U		Laboratory	Certified	42 CFR 405.114(3)(6)	Frequency
Multistage Health Testing Centers MHTC	483.26-483.328 PART II	59A-6.021(1)			Laboratory	Licensed	None	Review and approval is required to each facility
Oral & Tissue Health Care Clinic	765.541 & 765.42	59A-1	42 CFR 486, Subpart G		Laboratory	Licensed	None	None
Health Care Clinic	400.590-400.595 Part XIII	Pending	None		Health Care Clinic	Licensed	None	None